FEB 1 4 2006 Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a co llection of information unless it displays a valid OMB control number. Application Number 09/277.064 TRADE TRANSMITTAL Filing Date March 26, 1999 First Named Inventor **FORM** Sherman Art Unit 1642 **Examiner Name** M. Davis (to be used for all correspondence after initial filing) Attorney Docket Number TSRI 433.1 D1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **√** Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request - Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53

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Date February 9, 2006

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46,910

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Firm Name

Signature
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Date

The Scripps Research Institute

Michael J. McCarthy

February 9, 2006

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A Fee Consolidated Ap	Complete if Known								
	Application Number 09/2		0/277,064						
FEE TRANSMITTAL			Filing Date M		March 26, 1999				
For FY 2006			First Named Inventor S		Sherman				
			Examiner Name		M. Davis				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1642		42				
TOTAL AMOUNT OF PAYMENT	(\$) 2090	.00	Attorney Docket	No. TS	SRI 433.1 D1				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
✓ Deposit Account   Deposit Account Number: 19-0962     Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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FEE CALCULATION (All the		ue upon fi	ling or may be	subject t	o a surcharge.	.)			
1. BASIC FILING, SEARCH,						·			
	LING FEES		CH FEES	EXAMIN	IATION FEES				
Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$	Small Entity 1 Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)			
Utility 30	-	500	250	200	100				
Design 20	0 100	100	50	130	65				
Plant 20	0 100	300	150	160	80	· 			
Reissue 30	0 150	500	250	600	300				
Provisional 20	0 100	0	0	0	0	<u></u>			
2. EXCESS CLAIM FEES					F (6)	Small Entity			
Fee Description Each claim over 20 (include	ling Reissues)				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25			
Each independent claim ov		issues)			200	100			
Multiple dependent claims		,			360	180			
<del></del>	a Claims Fee (\$	<u>Fee</u>	Paid (\$)			ependent Claims			
- 20 or HP =  HP = highest number of total claims	x X	=			<u>Fee (\$)</u>	Fee Paid (\$)			
Indep. Claims Extra	a Claims Fee (		Paid (\$)		<del></del>	<del></del>			
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
3 APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
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Other (e.g., late filing sure	•	=				\$2090.00			
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SUBMITTED BY					
Signature	Me trai	7he(	a stu	Registration No. (Attorney/Agent) 46,910	Telephone 858-784-2937
Name (Print/Type)	Michael J. McCar	thy			Date February 9, 2006

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